



**Benton-Franklin Health District  
Environmental Health Division**  
7102 W. Okanogan Pl. • Kennewick, WA 99336  
(509) 460-4205 or (800) 814-4323  
[www.bfhd.wa.gov](http://www.bfhd.wa.gov)

For Office Use Only	
App Accepted By: _____	
Other Materials: <input type="checkbox"/> LOC <input type="checkbox"/> PLAN <input type="checkbox"/> PS/EM	Code: _____

## Portable Addition Application

### SECTION 1: CONTACT INFORMATION

*Note: District Main Office Mailing Address will be the "Address of Record" for all communication mailed from this Department.*

<b>Date of Application</b>	Application must be approved before beginning construction, operation, or implementing changes		
<b>School District Name</b>	<b>Telephone Number</b> ( )	<b>Fax Number</b> ( )	
<b>District Main Office Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Billing Contact Name &amp; Title</b>	<b>Telephone Number</b> ( )	<b>Email Address</b>	
<b>Billing Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>School Name</b>	<b>Telephone Number</b> ( )	<b>Fax Number</b> ( )	
<b>School Physical Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Construction Project Manager Name &amp; Title</b>	<b>Telephone Number</b> ( )	<b>Email Address</b>	
<b>Architect Contact Name &amp; Title, If Applicable</b>	<b>Telephone Number</b> ( )	<b>Email Address</b>	

### SECTION 2: SCHOOL INFORMATION

<b>Type of School</b> <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Other: _____	<b>Grades Served</b> <input type="checkbox"/> Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/> K-12 <input type="checkbox"/> Other: _____
<b>Projected Enrollment</b>	<b>Sewage Disposal</b> <input type="checkbox"/> Public Sewer <input type="checkbox"/> On-site Septic System <input type="checkbox"/> Other: _____
<b>Water Supply</b> <input type="checkbox"/> Public Water <input type="checkbox"/> On-site-well <input type="checkbox"/> Other: _____	<b>Date of last sanitary survey, if applicable:</b> _____

### SECTION 3: PROJECT SUBMITTAL REQUIREMENTS

<b>Letter of compliance from the architect, engineer, or manufacturer stating that the plans for this project are designed in accordance with the State Board of Health Primary and Secondary School Regulations, Chapter 246-366 WAC</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Complete set of design plans with a licensed architect's seal, if applicable</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Complete set of project specification and equipment manual(s)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Complete set of scale site plans with written impact descriptions of portable placement on other school facilities, including playgrounds and utilities</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### SECTION 4: PROJECT LOGISTICS

Describe the intended use of the portable(s) (e.g., general instruction, health room, art):

**Date of Expected Occupancy**

**Portable Manufacturer Name**

**Portable Model #**

**Expected Duration:** Are these portables a temporary addition? ☐ Yes ☐ No

If yes, what is the expected duration of use: \_\_\_\_\_

**Occupancy:** Will this addition increase your occupancy numbers? ☐ Yes ☐ No

If yes, what is your new expected occupancy: \_\_\_\_\_

**Plumbing:** Will this be a wet portable? ☐ Yes ☐ No

If yes, list all plumbed fixtures:

☐ Handwashing sink ☐ Drinking fountain ☐ Restroom ☐ Other: \_\_\_\_\_

If no, what is the distance to the nearest restroom: \_\_\_\_\_

#### SECTION 5: POTENTIAL HAZARDS IDENTIFICATION

Describe any known potential hazards or health concerns that are applicable to the project including: vehicular concerns such as high use roads, airports, or train tracks; any natural hazards such as cliffs, wetlands, ponds or rivers; any manmade hazards such as landfills; neighboring businesses of concern such as nail salons, crematorium, industry or factories.

#### SECTION 6: SIGNATURE

I certify that I grant permission to allow the Health Officer and/or representatives to enter this school at their discretion for the purposes of application, evaluation, pre-operational inspection, routine inspections, or any subsequent inspections or investigations. I understand that review of these plans is based upon the rules and regulations of the State Board of Health for Environmental Sanitation for Primary and Secondary Schools, WAC 246-366.

*Note: It is the applicant's responsibility to ensure compliance with all other applicable state, county, and city agencies before opening the school listed on this application.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Phone Number